

MAY 19 2005

1FW 2161

Please type a plus sign (+) inside this box (+)

Patent and Trademark Office: U.S. Department of Commerce

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/476,618
		Filing Date	December 31, 1999
		First Named Inventor	David Kurzynski
		Group Art Unit	2161
		Examiner Name	Etienne Pierre Leroux
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Attorney Docket Number	15-IS-5297 (5024-00027)
Total Number of pages in this Submission		9	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication To Technology Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> RETURN RECEIPT POSTCARD <input type="checkbox"/> _____
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Peter T. Holsen (Reg. No. 54,180) ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	<i>Peter T. Holsen</i>
Date	5/17/05

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop: Amendment (No Fee), P.O. Box 1450, Alexandria, VA 22313-1450 on the 17th day of May, 2005.			
Typed or printed name	Jo Ellen Bullock		
Signature	<i>Jo Ellen Bullock</i>	Date	5-17-05



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **\$0.00****Complete if Known**

Application Number	09/476,618
Filing Date	December 31, 1999
First Named Inventor	David Kurzynski
Examiner Name	Etienne Pierre Leroux
Art Unit	2161
Attorney Docket No.	15-IS-5297 (5024-00027)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-2401 Deposit Account Name: GE Medical Systems-IT

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
6 - 20 =	0	\$0.00	\$0.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2 - 3 =	0	\$0.00	\$0.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		\$0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,180	Telephone	414-271-7590
Name (Print/Type)	Peter T. Holten			Date	May 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. :	09/476,618	)	CERTIFICATE OF MAILING
Applicant :	David Kurzynski et al)	
Filed :	12/31/1999	)	I hereby certify that this
Title :	Method and Apparatus for	)	correspondence is being deposited with
	Managing Memory in a	)	the United States Postal Service with
	Workstation	)	sufficient postage as first class mail in an
		)	envelope addressed to: Commissioner of
TC/A.U. :	2161	)	Patents, P.O. Box 1450, Alexandria, VA
Examiner :	Etienne Pierre Leroux	)	22313-1450, on this 17th day of May,
		)	2005.
Docket No.:	15-IS-5297 (5024-00027))	
		)	<u>Jo Ellen Bullock 5-17-05</u>
		)	Jo Ellen Bullock Date

AMENDMENT

Mail Stop: Amendment No Fee
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 19, 2005, please enter the following in the above-identified application:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.